

For Office Use Only
 Grievance # 2.10
 Coordinator's Initials AS
 Date Received 1/7/10

Columbia Regional Care Center
 Patient Grievance Form

STEP 1

INSTRUCTIONS (Failure to meet these guidelines will cause the grievance form to be returned to you.):

- A grievance form is submitted only when you believe one of your legal rights has been violated.
- The grievance must be filed within five days of any incident that you are citing.
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- You must state the result that you want to have occur to resolve the matter.

Patient Name Landy Argot CRCC # 3697 Unit 4

Legal Right You Believe Has Been Violated: My right to safety & security

State Grievance (including date of incident): On 1-4-10, I was punched, scratched & bitten by Lurretia Felder. I was threatened several times by her before this occurred, which officers and Captain Cummings were all aware of, but nothing was done about it. On this day, she attacked me from behind. I am now fearful for my life, as she told the officers that worked yesterday that she was going to attack me again, along with my roommate (Delores Daniels).
 Action Requested: I want the medical patients (such as myself) to be separated from the severe mental health (such as Felder). Also, I want charges pressed against her and pictures taken of the marks left on me from this assault. And, I would like copies of the pictures taken.

Patient
 Signature Landy Argot Date 1-6-10

Assigned to Mrs. McCleese/ or McFadden

Resolution: Patient states that she would prefer protective custody to being in the same area as patient Felder. And she wishes to continue with pressing charges against her.

I agree with the above solution.

I disagree with the above solution and want this grievance referred to the Grievance Committee.

Patient

Staff Member

Signature ** Landy Argot

Date 1-8-10

Signature Mark L. Anderson

Date 1-8-10

** Your signature means that you have received the form. It does not imply that you agree with the results of the grievance process.

! **CONFIDENTIAL**

For Office Use Only
 Grievance # 60.10
 Coordinator's Initials LR
 Date Received 1/4/2011

**Columbia Regional Care Center
 Patient Formal Grievance Form**

**Geo
 Care**

Stage 1

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This is NOT a complaint form. Complaints are addressed on a Patient Communication form.

RECEIVED
1/4/2011

Patient Name Candy Argot CRCC # 3697 Unit 4

Right you believe has been violated: Being assaulted by another inmate

State grievance and date of incident:

On 12-30-10 at approx 6:10pm Emerald Miller and Brandi Thompson came in my room and severely assaulted me, even after the officers and Sat. walked into my room, they continued to assault me.

Outcome Expected: Since my protection is not guaranteed in here, I would like to be sent somewhere that it is, I would also like for Emerald Miller and Brandi Thompson to ~~be~~ be permanently assigned to another floor, or myself.

Patient

Signature Candy Argot

Date 12-30-10

Your signature means only that you have submitted a formal grievance.

(Admin. Use Only) CPT Rose

Supervisor assignment: Cheri McClosce, mao Cummings

Resolution: PATIENT ARGOT WAS MOVED TO UNIT 7



I agree with the above resolution.

I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the Grievance Administrator.

Patient

Signature Candy Argot

Date 1-10-11

Assigned Staff Supervisor

Signature Cheri McClosce

Date 01/10/11

(Stage 2 Resolution on reverse side)

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For Office Use Only
Grievance # 61.0
Coordinator's Initials BRB
Date Received 1/4/2011

**Columbia Regional Care Center
Patient Formal Grievance Form**

**Geo
Care**

Stage 1

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Patient Name Candy Argot CRCC # 3697 Unit 4

RECEIVED
1/4/11

Right you believe has been violated: Force medicating me without a court order

State grievance and date of incident:

On 12-26-10, the nurse came in my room and wake me up to check my sugar. She said it was high and came back to give me same insulin. She said she was giving me 15u Novolog and I asked her why she wasn't giving me the 18u with it, but she said it wasn't time for it, because I just ate lunch. I told her that I didn't want it and she had the officers Outcome Expected: hold me down and even after Catherine came in they still didn't let me (loser)

I want to get out of here TODAY, because every time this happens, they tell me that it won't happen again, but it always does. If I cannot get out of here, then I want everyone that was involved with this to be terminated from their job.

Patient

Signature Candy Argot

Date 12-26-10

Your signature means only that you have submitted a formal grievance.

(Admin. Use Only)

Supervisor assignment: Jac L Fue Calo

Resolution: Ms. Catherine Adumah, RN no longer works on this unit. The treatment ^{team} is considering Ms. Argot's request to move. Ms. Robin Mickens, MSW, will see Ms. Argot today.



I agree with the above resolution.

I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the Grievance Administrator.

Patient

Signature Candy Argot

Date 1-6-11

Assigned Staff Supervisor

Signature Jaclyn S. Lane

Date 1/6/11

(Stage 2 Resolution on reverse side)

For Office Use Only
Grievance # <u>17-10</u>
Coordinator's Initials <u>AW</u>
Date Received <u>4/9/10</u>

RECEIVED
4.9.2010

Columbia Care Center
Patient Grievance Form

STEP 1

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Patient Name Candy Hight CCC #3697 Unit 4

Legal Right You Believe Has Been Violated: Force medicating me without a court order

State Grievance (including date of incident): On 4-8-10 at approx 2:00am the nurse came in and said that the doctor wanted her to ~~take~~ give me 15u of regular insulin. I told her that I didn't want it, because the last time I took regular insulin, it made my sugar drop. She then came back with 2 officers and held me down and gave me the insulin. Earlier the officer came in and

Action Requested: I have the right to refuse any medical treatment and I would like this honored in here. I am competent to make my own decisions as to what insulin I need, or if I don't need any and I am requesting to be able to do so, as

Patient Candy Hight Signature I've diabetes for 26 years now. Date 4-8-10

Assigned to DR. McFADDEN

Resolution: CRCC Staff will not require you to take medication. If you refuse meds, your refusal will be honored.

I agree with the above solution.

I disagree with the above solution and want this grievance referred to the Grievance Committee.

Patient

Signature ** Candy Hight

Date 4-13-10

Staff Member

Signature SPILL - PD Date 4/13/10

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For Office Use Only
Grievance # <u>15.10</u>
Coordinator's Initials <u>AN</u>
Date Received <u>4/5/10</u>

Columbia Care Center
Patient Grievance Form

STEP 1

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Patient Name Candy Agot CCC # 3697 Unit 4

Legal Right You Believe Has Been Violated: Violating my medical rights.

State Grievance (including date of incident): On 4-3-10, Ms. Mills (the RN) was working on the 4th floor. She came in my room and left the accu-check machine, along with lancets and insulin, and told me and my roommate to check our sugars and for me to take the insulin. My blood sugar read 111, so I took the remaining 10 units that was left in the flex pen. She came back with an insulin syringe and told me that she wanted me to take 15 more units of regular insulin, even though there was no doctors order saying to do so. I told her that there was no doctors (on back) Action Requested: I am requesting that Ms. Mills not be allowed to work the 4th floor any more, and that the doctor is called whenever my blood sugar is over 400.

(over)

Patient
Signature Candy Agot Date 4-3-10

Assigned to Dr. McFadden 4/6/10

Resolution: Your NP & MD were called regarding this issue. The nurse was awaiting a call back from them when she was discussing insulin dosage with you. I have spoken with her about the problems and your concerns.

I agree with the above solution.

I disagree with the above solution and want this grievance referred to the Grievance Committee.

Patient

Signature ** Candy Agot

Staff Member

Signature Karen Decker RN Date 4-7-10

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For Office Use Only
Grievance # <u>57.70</u>
Coordinator's Initials <u>LR</u>
Date Received <u>11/11/10</u>

Columbia Regional Care Center Patient Formal Grievance Form



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Patient Name Landy Argot CRCC # 3697 Unit 4

RECEIVED
R 11/11

Right you believe has been violated: My right to proper medical care

State grievance and date of incident:

I am supposed to have the bandage on my finger changed 3 times a day, but they have not been doing it. My finger is the way that it is, due to not having proper medical care in the first place.

Outcome Expected: Since I am not being properly cared for here, I am requesting to be released from here, to where I can get the proper care that I need.

Patient

Signature Landy Argot

Date 6-30-10

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Your signature means only that you have submitted a formal grievance.

*Received
11/11*

(Admin. Use Only)

Supervisor assignment: _____

Resolution: Documentation in the patient record indicate that the dressing change was completed in October.

I agree with the above resolution.

I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the Grievance Administrator.

Patient

Signature Landy Argot

Date 12-17-10

Assigned Staff Supervisor

Signature Debra Dill Date 12/3/10

(Stage 2 Resolution on reverse side)

For Office Use Only
Grievance # <u>84,10</u>
Coordinator's Initials <u>CB/10</u>
Date Received <u>11/15</u>

Columbia Regional Care Center Patient Formal Grievance Form



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Patient Name Candy Asgot CRCC # 3672 Unit 4

RECEIVED
11/15

Right you believe has been violated: Med Treatment

State grievance and date of incident:

Inconsistent Med Treatment, was not changed (dressings) every 6 hrs.

Outcome Expected:

Dressings changed

Patient Signature Candy Asgot Date 11/15
Your signature means only that you have submitted a formal grievance.

(Admin. Use Only)

Supervisor assignment: _____

Resolution: _____

I agree with the above resolution.

I disagree with the above resolution and understand it will proceed to Stage 2 and forwarded to the Grievance Administrator.

Patient

Signature Candy Asgot Date 11/15 Assigned Staff Supervisor
Signature _____ Date _____

(Stage 2 Resolution on reverse side)